

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09 804 190

FILING DATE

3/13/01

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2	1		1	1	1	1
3	1					
4		3		2		2
5		3		2		
6		3		2		1
7		3		2		
8		3		2		1
9					1	
10						1
11						1
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TOTAL IND.	3		1		5	
TOTAL DEP.	15		11		18	
TOTAL CLAIMS	18		12		23	

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

BEST AVAILABLE COPY